

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N20355

1. Entity Name

S.A.F.E., INC. (SHORES ACTION FORCE EYES)

Principal Place of Business

Mailing Address

S.A.F.E. INC.
493 OAK ROAD
OCALA FL 34472
US

493 OAK ROAD
OCALA FL 34472-3005
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BURT, KEN
2 PECAN PASS DRIVE
OCALA FL 34472-2463

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete
NAME GIL HANLON
STREET ADDRESS 6 HICKORY TRACK RUN
CITY-ST-ZIP Ocala FL

TITLE SECRETARY ☐ Change ☒ Addition
NAME ARNOLD, DOROTHY
STREET ADDRESS 110 EMERALD RD
CITY-ST-ZIP Ocala FL. 34472

TITLE VP ☐ Delete
NAME EDWARD MCQUEEN
STREET ADDRESS 15 BAHIA PASS TRACK
CITY-ST-ZIP Ocala FL

TITLE D ☐ Change ☒ Addition
NAME ARNOLD, FRANK
STREET ADDRESS 110 EMERALD RD
CITY-ST-ZIP Ocala FL. 34472

TITLE D ☐ Delete
NAME GEROULO, WILLIAM
STREET ADDRESS 7947 MIDWAY DRIVE TER.
CITY-ST-ZIP Ocala FL 34472

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BENEDICT, LEE
STREET ADDRESS 507 SPRING LAKE ROAD
CITY-ST-ZIP Ocala FL 34472

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SHERRO, THELMA
STREET ADDRESS 9 BAHIA COURT TRACK
CITY-ST-ZIP Ocala FL 34472

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME DICK HOGE
STREET ADDRESS 7 HICKORY TRACK WAY
CITY-ST-ZIP Ocala FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

KEN GIBURTE REQUI... *[Signature]*

4/14/2000

352-680-1683

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90001 033 ****61.25

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DO NOT WRITE IN THIS SPACE